



12% complete

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During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

Cut down the amount of time you spent on work or other activities

- ☐ Yes
- ☐ No

Accomplished less than you would like

- ☐ Yes
- ☐ No

Were limited in the **kind** of work or other activities

- ☐ Yes
- ☐ No

Had **difficulty** performing the work or other activities (for example, it took extra effort)

- ☐ Yes
- ☐ No

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[« Previous](#)

[Next page »](#)